

Democratic Republic of the Congo (DRC), AFRICA | Ebola Virus Disease outbreak

Appeal №: n° MDRCD026	Operations Update n° 9 Date of issue: 30 April 2021	Timeframe covered by this update: 36 months (May 2018 –April 2021)
	Operation start date: 21 May 2018	Operation timeframe: 41 months (May 2018 – Sept 2021)
Glide №: EP-2018-000049-COD EP-2018-000129-COD EP-2020-000151-COD EP-2021-000014-COD	Overall operation budget: CHF 56 million Budget Coverage as of 20 April 2021: CHF46.8m (84%) Budget Gap: CHF 9.2m (16%)	One International Appeal amount initially allocated: CHF 500,000 + CHF 300,000 (Uganda)

N° of people to be assisted: 8.7 million people

Red Cross Red Crescent Movement partners currently actively involved in the operation: In addition to the Democratic Republic of the Congo Red Cross (DRC RC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC), French Red Cross and other in-country Partner National Societies - Belgium Red Cross, Spanish Red Cross and Swedish Red Cross - are actively involved. The IFRC and the DRC Red Cross would like to thank all those partner National Societies which have contributed to the Emergency Appeal: American Red Cross, Australian Red Cross, Austrian Red Cross, British Red Cross, Canadian Red Cross, Red Cross Society of China Hong Kong branch, Danish Red Cross, Finnish Red Cross, Icelandic Red Cross, Italian Red Cross, Japanese Red Cross, Kenyan Red Cross, Kuwait Red Crescent, Monaco Red Cross, Netherlands Red Cross, Norwegian Red Cross, Spanish Red Cross, Swedish Red Cross, Swiss Red Cross, and Turkish Red Crescent,

Other partner organizations actively involved in the operation: Alongside these Movement partners, other national and international organizations are directly involved in the response to the Ebola epidemic. These include the Ministry of Health of the Democratic Republic of the Congo, WHO, UNICEF, MSF, Oxfam, Personnes vivant avec Handicap (PVH), Soutien action pour le développement de l'Afrique (SAD Africa), AMEF, ASEBO, MND, Humanitarian Action, Ministry of Primary and Secondary Education (EPSP), Border Hygiene, IMC, The Alliance for International Medicine Action (ALIMA), IRC, Caritas, Mercy Corps, FHI 360, Africa CDC, CDC Atlanta, Foreign, Commonwealth and Development Office (FCDO formerly DFID), OIM and the World Bank. The IFRC and DRC Red Cross would like to thank the following for their financial contributions to the Emergency Appeal: the governments of Australia, Austria, Belgium, Canada, Denmark, Finland, Iceland, Italy, Netherlands, Norway, Spain, Switzerland, UK, and USA, the European Commission - DG ECHO, as well as CDC, London School of Hygiene and Tropical Medicine, WHO, World Bank, and the Paul G Allen Family Foundation and Western Union Foundation.

<Click [here](#) for interim financial report and [here](#) for contacts>

Summary of the major activities

The resurgence of EVD cases in DRC in February 2021 came at a time when the EVD operation was scaling down, with the handover of activities and resources to DRC Red Cross in preparation for the planned end of the operation on 30 June 2021. With the resurgence of EVD cases, the Emergency Appeal was revised on 31 March, extending the timeframe until September 2021. There is now a critical funding gap of CHF 5 million which is needed to support DRC Red Cross to maintain its operational capacity up until at least the end of September 2021, to contribute to the containment of the current outbreak, and to allow for continued presence and readiness throughout the enhanced surveillance period.

On 6 February 2021, EVD confirmation was made by the national medical research organization of the Democratic Republic of the Congo (INRB) laboratory in Butembo of a case of the Ebola virus disease in a sample taken from a patient in the Masoya health area (Biena health zone). On 7 February 2021, the announcement of the resurgence of the EVD by the Minister of Public Health led to the establishment of a provincial team to coordinate response activities in Butembo in collaboration with partners. The first suspected patient was admitted to a health centre in Biena before being referred to the Matanda hospital in Butembo where she eventually died on 3 February. She was the wife of an Ebola survivor.

Following this, the DRC RC, with support from IFRC organised strategy meetings to immediately start response activities that would minimise the spread of the disease. Red Cross teams were activated in four health zones: Musienene, Biena, Butembo and Katwa and engaged in the response to provide services such as infection prevention and control (IPC), community mobilisation and awareness-raising, psychosocial support (PSS) and, if necessary, safe and dignified burials (SDB).

Since the beginning of the epidemic, there have been 11 confirmed cases and 1 probable case, 6 deaths recorded (case fatality rate of 50%). Two health workers were among those infected. On 21 March 2021, laboratory tests for the last confirmed patient in the Ebola treatment centre (ETC) came back negative and the patient was discharged. There have been more than 40 days since the last case was reported with the continuation of the countdown to end of epidemic ongoing. A total of 1,898 people have been vaccinated, including 1,169 in Biena, 360 in Katwa, 297 in Butembo and 72 in Musienene. Of the 1,898 people, 542 (28.6%) are frontline health service providers.¹

[Revised Emergency Appeal](#) no. 7 was published on 1 April 2021 in light of the resurgence of the Ebola Virus seeking further support to contain the outbreak quickly. The operation time frame was also to be extended to 30 September 2021, given the minimum surveillance period required even if the transmission quickly ended.

Since the 29 of March 2021, there have been demonstrations by the local populations because of increased insecurity in Bunia and North Kivu provinces. This led to the suspension of Red Cross volunteers' activities in Beni and Butembo for the past two weeks as the security situation is monitored.

To date, the following activities have been carried out by the DRC RC and IFRC teams:

- Volunteers undertaking community engagement activities reached 15,010 people in four health zones with messaging on Ebola disease, its cause, prevention, treatment and vaccination.
- Infection prevention and control (IPC) activities led to the revival of health committees of 10 health facilities that were assessed for support to improve their IPC standards. Butembo base was rehabilitated to improve IPC standards.
- The rapid response teams (RRTs) received 309 alerts that were responded to with 130 patients transfers conducted.

¹ WHO sitrep No. 63




Figure 1: One of the Pirogues donated for use by RRT in Bikoro (Equateur Province)


A. SITUATION ANALYSIS


Description of the disaster


The Democratic Republic of the Congo (DRC) has to date declared 12 outbreaks of Ebola virus disease (EVD) since the first identified outbreak in Yambuku Province in 1976 with the outbreaks having affected 10 of 26 provinces.

The Disaster and Red Cross Red Crescent response to date

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8 May 2018: 9th EVD epidemic was declared by the DRC MoH in Equateur province which marked IFRC response in the country. Others Key dates for the 9th, 10th and 11th outbreaks can be found in [previous operation updates](#).
- 7 February 2021:** The Minister of Health of the Democratic Republic of the Congo declared an outbreak of Ebola Virus Disease (EVD) after the laboratory confirmation of one case, an adult female was reported in Biena Health Zone in the territory of Butembo, North Kivu Province.
- 19 February 2021:** New cases were identified out of the previous known chain of transmission, hence starting a new generation of cases. These cases were identified in remote areas, raising concerns about the potential unidentified spread of the virus.
- 12 April 2021:** 11 confirmed EVD cases and 1 probable including 2 health workers, across 6 health areas in 4 health zones: Biena, Katwa, Butembo and Musienene. **This resurgence occurred in same geographical area as the biggest outbreak DRC has ever faced, as can be seen in the below chart:**

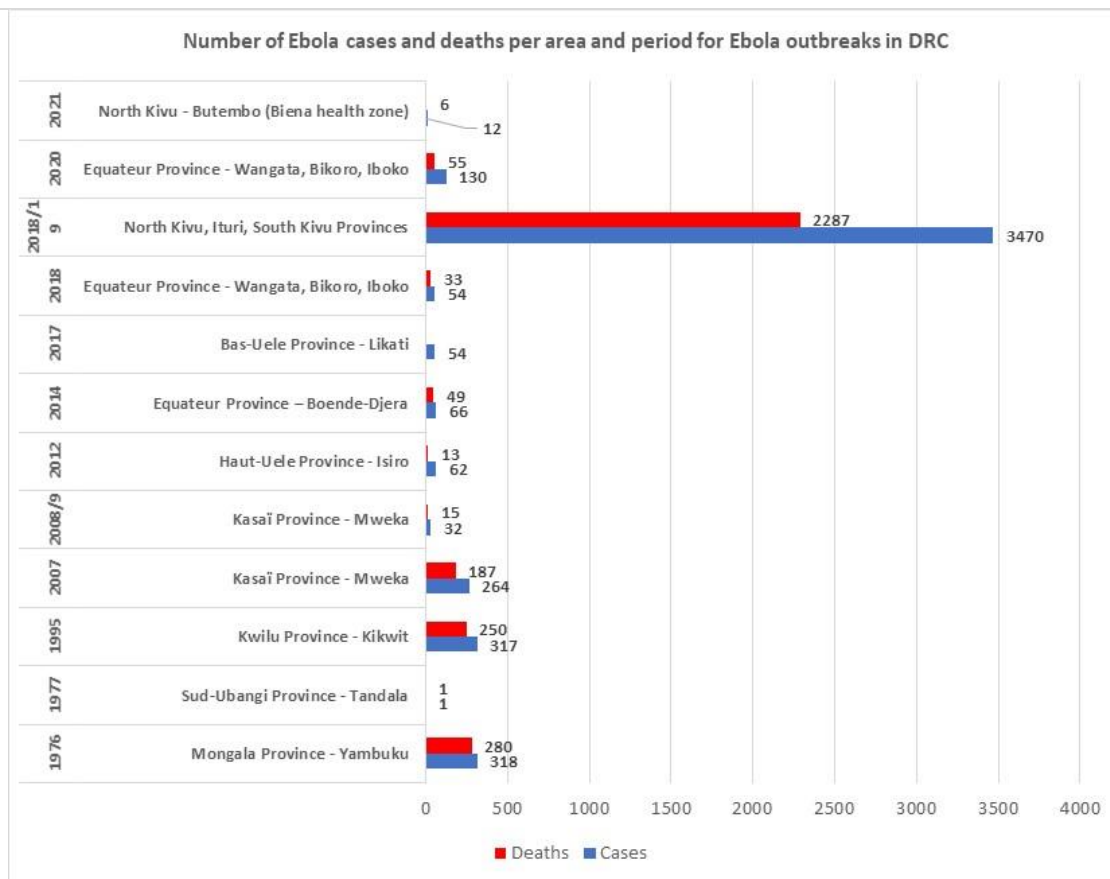


Figure 2: History of EVD in DRC

Summary of Key Achievements:

Resurgence North Kivu

Key results achieved as of 31 March 2021



445 alerts received with **254** patient transfers have been completed successfully by Red Cross teams.



180 CEA volunteers have reached 15,010 people during community mobilisation activities.



Assessment of **10 health facilities** in Biena, Katwa and Butembo and revival of hygiene committees

11th Outbreak – Equateur

Key results achieved as of 31 March 2021



261 (56%) of the **465** SDB alerts have been completed successfully by Red Cross teams. The SDB teams carried out 282 swabs out of which 17 were tested positive.



528 CEA volunteers have reached **290,160** people with door-to-door sensitization.

143,533 community feedback data points have been collected from community members analysed and informed decision making across pillars.



9 health facilities have been supported with an IPC package and **456,491** people have been screened.



PSS teams have implemented **2,992** activities that benefited both RC staff and volunteers.

10th Outbreak - North Kivu, Ituri and South Kivu

Key results achieved as of 31 March 2021



25,847 (88%) of the **29,357** SDB alerts have been completed successfully Safe and Dignified Burials teams including 32 Red Cross, 26 Civil Protection, 48 community-led harm reduction burial teams (ECUMR) trained by the Red Cross and 37 community burials teams trained by Civil Protection)



981 CEA volunteers have reached **3,993,291** of the target population with door-to-door and mass sensitization activities



1,636,923 community feedback data points have been collected from community members, analysed and informed decision making across pillars. This is one of the largest feedback platforms developed by the Red Cross Red Crescent Movement in the world



55 health facilities have been supported with an IPC package, supervision, training. 333 volunteers have screened **4,909,533** people (23% under 18 years; 53% female), referred 1,450 suspected cases (86 cases were confirmed following the laboratory test), completed 2,204 decontaminations and trained more than 403 health care workers (including 222 women)

PSS teams have reached staff and volunteers with **91,451** participations through **11,155** PSS activities.

9th Outbreak - Equateur

Key results achieved as of 24 July 2018



36 Safe and Dignified Burials have been carried out and 70 households disinfected by Red Cross volunteers in Itipo, Bikoro and Mbandaka.



266,490 people reached with the risk communication and community engagement sessions including in schools and religious sites



13 health centres and hospitals in Equateur supported with Infection Prevention and Control and capacity building activities, 920 health professionals and hygienists trained on IPC.

Overview of Red Cross Red Crescent Movement in DRC

The DRC Country Delegation of the IFRC has been strengthened through the deployment of regional and global surge capacity and hiring of staff to support the NS and the response effort for all three outbreaks. Four Partner National Societies (Belgium Red Cross, French Red Cross, Spanish Red Cross and Swedish Red Cross) have long-standing programs with the National Society. The Luxembourg Red Cross recently initiated a new program to support Panzi Hospital in South Kivu. The International Committee of the Red Cross (ICRC) is present in 10 provinces of the country with programmes responding to the protection and assistance needs of the population affected by armed conflict and other situations of violence. The Democratic Republic of Congo Red Cross (DRC RC) is present in all provinces and territories of the country. While the response for the 9th and 11th outbreaks in the non-conflict area of Equateur was carried out under the co-leadership of IFRC and DRC RC, the 10th outbreak, being in a conflict area, was under ICRC lead for operational access including security management.

Several Movement coordination mechanisms have been put in place at the provincial level (Equateur, North Kivu and Ituri), national (Kinshasa), regional (Nairobi) and headquarters level (Geneva) between the DRC RC, the IFRC and the ICRC to ensure smooth implementation of the different activities.

In the DRC, the ICRC promotes respect for international humanitarian law in the treatment of civilians and detainees and helps those adversely affected by conflict and internal violence to survive and become self-

sufficient. The ICRC also improves water supply and sanitation, strengthens health care for the wounded and sick, including those affected by sexual violence, and reunites families in DRC. Direct EVD+ response is managed by the NS with the support of the IFRC and security and access managed by ICRC.

Needs analysis and scenario planning

The resurgence of EVD cases came at a time when the EVD operation was in recovery mode and scaling down where the handover of activities and resources to DRC RC in preparation for the end of the operation on 30 June 2021 was ongoing. Following the revision of the Appeal in March 2021, the new end date is 30 September 2021. The last person from the ETC tested negative to EVD and the countdown since the last case was reported is ongoing with more than 40 days with no new EVD confirmed cases.

Insecurity in North Kivu province is a major concern with the recent resurgence of violence by armed elements leading to death of the local population and movement to secure areas. This sparked off massive protests from 29 March 2021 organised by civil society organisations in the towns of Beni and Butembo that led to the suspension of RC volunteers activities. The security situation is very tense in North Kivu (Beni, Butembo, Goma) where civil society and pressure groups are active to denounce the insecurity and atrocities committed by armed groups in this part of the country against the civilian population.

Limited surveillance capacity complicates the monitoring of the epidemic dynamics which may evolve rapidly and unpredictably to new areas, including hard-to-reach rural areas. In the past outbreak in North Kivu, there were many undetected chains of transmission and isolated cases of EVD with no known epidemiological links. Surveillance is further affected by the fact that many actors are leaving the area mainly because of inadequate funding so very few human resources available to support surveillance activities.

An assessment to implement Community based Surveillance (CBS) project was carried out in October-November 2020 and a pilot health zone identified for every former Ebola active provinces (North Kivu, Ituri, South Kivu including Equateur). The CBS project relied on DRC RC volunteers living in the community to escalate via an online platform, any suspected increase of patients sharing common symptoms to warrant further investigation and identify potential new outbreaks. This helped facilitate further investigation to identify potential new outbreaks and create a link with Community Epidemic and Pandemic Preparedness Program (CP3) as a longer-term perspective. The new resurgence of Ebola in North Kivu confirms the need to reinforce the surveillance in the communities. A CBS plan will be implemented in the Ebola-affected areas in North Kivu for the coming 6 months.

The IFRC in collaboration with local DRC RC branches aims to provide an operational CBS mechanism to complement the national surveillance mechanism, especially during and after the EVD epidemic to prevent spread and to detect a new cluster earlier through a strong network of at least 1,000 volunteers available and well trained on Epidemic control for volunteers (ECV) Community-based health first aid (CBHFA) in the communities and prevent outbreaks.

It is important that community members contribute to the response and can impact the way response activities occur in their communities. Equally critical to community acceptance is ensuring that response activities are nested within responses to communities' self-identified needs. Failure to address communities' needs also contributes to perceptions that Ebola and other major outbreaks are driven by financial or political imperatives, rather than health or humanitarian ones.

10th Outbreak – Recovery and Preparedness

The **10th outbreak** in eastern DRC (same areas as the current resurgence) left communities very vulnerable. Humanitarian needs in eastern DRC are still massive. In 2021 there are 5.2 million displaced persons, mainly because of armed conflict, another 19.6 million people facing severe food insecurity between January and June 2021 with more than 3.4 million children under five suffering from acute malnutrition.² People of DRC are routinely vulnerable to outbreaks of contagious diseases such as Ebola as well as measles, cholera, etc. Coupled with this,

² <https://reliefweb.int/report/democratic-republic-congo/2021-humanitarian-response-plan-democratic-republic-congo-will>

DRC is also hit by COVID-19. The humanitarian consequences of these communicable diseases are compounded by insecurity, food insecurity, displacement, and lack of basic services.

In such fragile communities, the humanitarian consequences of outbreaks are dramatically amplified, thus the relevance of our strategy to **strengthen DRC RC capacity of early warning and early response** for any emergency with a focus on health outbreaks.

This Appeal is not meant to respond to humanitarian needs such as displacement or food insecurity but, in the context of the fragility of communities in eastern DRC, two immediate humanitarian consequences will be tackled:

- 1) **Early warning / early action (community-based surveillance and actions).** Conflict, lack of essential services and huge humanitarian needs make it challenging for the DRC health authorities to detect and respond to new outbreaks in a timely way. In April 2018, in Mangina (NK), it was only after several deadly weeks that the 10th EVD outbreak was identified by health authorities. This led to unnecessary deaths, including health workers and an initial head-start of the disease unchecked. Both could have been limited with an effective early warning system. The DRC RC has a very dense network of volunteers, present in every community, where they are known and trusted. Properly trained and supported, the DRC RC volunteers will warn of possible outbreaks upon the first signs. This will allow an early response that lessens the humanitarian impact on already-fragile communities.
- 2) **DRC Red Cross's Auxiliary role in humanitarian response is vital.** The capacity of authorities to respond to outbreaks when identified is stunted by conflict and chronic challenges to build efficient state institutions in eastern DRC, along with distrust between communities and authorities. The DRC Red Cross is the main local humanitarian actor in the country, and it is expected by communities to respond to outbreaks and other emergencies. This Appeal is improving the preparedness of DRC Red Cross to respond to future outbreaks in eastern DRC, strengthening the capacity of communities to face these outbreaks quickly and effectively.

In DRC, health capacity and resources are considerably strained, and additional burdens have been put on the national health system with the COVID-19 pandemic and other health emergencies currently experienced in the DRC. It is therefore important to have measures in place for early detection, reporting and response of potential health risks with epidemic potential in communities to allow for quick response mobilisation. The revised appeal will strengthen and sustain the capacity of the DRC RC to maintain early warning and early response systems for future outbreaks.

Scenario planning

The scenarios have been updated to reflect the resurgence (12th Outbreak) in Butembo territory, North Kivu. This scenario has two planning assumptions which will continue to be monitored through to the end of the operation. Contingency planning is also occurring with triggers identified to inform a scale-up of relevant activities. The current Movement strategy is based on responding to this scenario and being ready to activate the contingency plan. The operation has also in place provisions to ensure continuity of services to vulnerable people in case of a deterioration of the security situation in the country. Given the lack of funds, the focus has been made on the essential lifesaving activities under the lead of DRC RC and prioritise localisation during the transition of the operation.

SCENARIO	ASSUMPTIONS	KEY ELEMENTS OF RESPONSE
Scenario 1	Contacts are identified, followed up and taken care of at an early stage. Few EVD cases among high-risk contacts. No extension of EVD case out of current zones	<ul style="list-style-type: none"> ▪ Reinforce the preparedness and response capacities of RC in 7 health zones. ▪ The EVD response operation will review the HR operational plan and support system as well as increase resource mobilization. ▪ Volunteers who have been mobilised and trained will be included in readiness plans to deliver EVD response activities in the following pillars (SDB, CEA, PSS, IPC).

	<p>at risk (Butembo, Katwa, Musienene, Biena)</p>	<ul style="list-style-type: none"> ▪ Reinforce community-based surveillance in the affected zones through RC volunteers' network. ▪ Communities are engaged and provided with needed information, EVD+ (including COVID-19) information tailored to beliefs, concerns and questions tracked by community engagement volunteers. ▪ The IFRC response/recovery remains supported by the L3 agreement with ICRC in Eastern DRC whereby "IFRC has the operational expertise for programmatic response especially in SDB, CEA, PSS and IPC while the ICRC is leading the operation, mainly in terms of security (including movements, deployment capacity, accommodation, etc.) and field expertise in the area, especially regarding the response in detention facilities.
<p>Scenario 2 (Geographic extension of EVD in other health zones and neighbouring countries in addition to accelerated infection rates in multiple locations)</p>	<ul style="list-style-type: none"> ▪ Extension of Ebola cases in Grand Nord Kivu and the south (Goma) is controlled ▪ DRC RC efforts to manage negative community feedback is successful allowing access ▪ COVID-19 impacts on people's local coping mechanisms and supply chain and human resources movement are limited 	<ul style="list-style-type: none"> ▪ The EVD response operation should stop scaling down in terms of operational HR and support system. We need to increase resource mobilization. ▪ Timeframe for the response (Appeal) is extended through December 2021. ▪ Revision of operational plan to scale up in all pillars in affected areas in close coordination with ICRC, DRC RC, IFRC and PNSs. ▪ Communities are engaged and provided with needed information, messaging is tailored to beliefs, concerns and questions tracked by CEA volunteers ▪ Close coordination with other stakeholders ▪ Increase of supply chain and logistics capacity to match the size of the operation, especially contingency planning for COVID-19 effects on supply chain ▪ Prevention and preparedness activities in additional at-risk provinces and additional at-risk countries (Uganda, Rwanda). ▪ Flexibility and revision of the plans as needed based on the evolution of the epidemic.

Human Resources Plan and gaps

- Closure of most field bases is ongoing.
- As activities have significantly reduced and due to insufficient funding, the number of staff has also been gradually reduced.
- Rightsizing process is ongoing and both national staff and delegates are completing their contracts.
- 7 delegates have remained, with 2 delegates finishing their contracts on 31 May 2021 while the rest are completing 30 June 2021.
- 24 national staff contracts have been extended with 13 ending 31 May 2021 and 11 ending 30 June 2021.

Logistics Preparedness

- Prepositioned stocks are available in Butembo warehouse and Beni with SDB kits for 120 burials, PPE, IPC kits. Other stock is available in Goma warehouse.
- Fleet composition: 6 vehicles and 7 motorbikes available to support RRT and CEA volunteers. Biena is not easily accessible by cars, only motorbikes. In addition, MoH has given instructions to limit the high numbers of cars in this area.
- HR Support: Two logistics assistants in the base with support from the logistics team in Goma. There are plenty of trained logistics volunteers to support the National Society in Biena.

Security

The populations in this area face all kinds of violence leading to major protection problems (rape, harassment, kidnapping, etc.). The security situation in the axis of Virunga parc (Lubero, Beni territories) remains a major concern. The population faces attacks by ADF and other local militias. Kidnapping, killings, robberies are recurrent. The security situation remains very volatile and therefore it is important for all staff to observe standard security measures to reduce the degree of exposure to potentially insecure situations. Several armed groups including the Mai-Mai are present in Biena and Musienene, making access difficult for humanitarian actors. This security situation in addition to community resistance to the EVD response exacerbates access for response.

The security situation is closely monitored by the in-country operation management and ICRC with the support of IFRC Africa Security Unit. The IFRC continues to follow ICRC security rules for international staff (L3 agreement). The IFRC security plans apply to all IFRC staff throughout. Area-specific Security Risk Assessments are conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures are then identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

There is constant monitoring of the security situation in the Beni, and Butembo territories. Violent crime, such as armed robbery, armed home invasion and assault is common and local police lack resources to respond effectively to serious crime. Assailants may pose as police or security agents. Road travellers are frequently targeted for ambush, armed robbery, and kidnapping. Demonstrations are common in many cities and some have turned violent. Police have at times responded with heavy-handed tactics that resulted in civilian casualties and arrests, posing a threat to humanitarian aid workers and other personnel operating in the area.

Coordination

For the 12th outbreak, there are currently 15 national and international organizations (including local authorities) involved in the ongoing EVD response³. The DRC Ministry of Health (MoH) leads the response with the technical support of the WHO. Coordination is decentralised to the health zones and is led by the provincial coordination team (Comité Provincial de Coordination (CPC)) under the direct supervision of the National Coordination Committee (NCC). The CPC includes all stakeholders in the spirit of multisectoral approach and accountability. The objective is to position the Movement as a reliable and efficient humanitarian partner, strengthening the response and, at the same time, the role of DRC RC as an independent auxiliary to the authorities. Throughout the response, the DRC RC and IFRC will advocate for actions that are grounded in humanitarian and healthcare ethics and principles. The Movement is part of all coordination mechanisms in the 12th outbreak. The General Coordination is based in Goma, at the Emergency Operations Centre (EOC) with sub-coordination in all affected health zones under Chief Medical Officer (MCZ) for the Health Zone (Butembo, Biena, Musienene). National authorities and partners have developed a strategic response plan for this outbreak and set up post-Ebola plan for recovery and preparedness

Operation Risk Assessment

The following are the risks that affect implementation in addition to security risks discussed later in this update:

There is a **risk of humanitarian access being hindered for Red Cross staff and volunteers if communities continue to deny the existence of Ebola/COVID-19, to claim that the Ebola response is a business and thus distrust responders.**

COVID-19 in DRC and its humanitarian consequences: The IFRC in **working with and working for DRC Red Cross to combat EVD** has learned lessons through this operation that enabled us to include COVID-19 information into EVD activities to continue to limit the humanitarian consequences of COVID-19 and maintain the trust and

³OCHA, September 2020

relationship between communities and the DRC Red Cross by showing that we respond to their concerns and not only to the EVD risk.

Teams' exposure to COVID-19: The operations team have also developed a COVID-19 prevention plan and protocols in workplace to reduce exposure of staff and volunteers to COVID-19 while maintaining the needed level of humanitarian impact. Additional working space outside the office building was constructed to create more space for staff. In addition, all the IFRC vehicles have hand sanitizers inside and all staff using the vehicles are required to sanitise their hands as they enter the vehicle and always wear their face masks. The number of passengers in the vehicle has been reviewed downwards and finally, handwashing stands have been placed at the entrance of all Federation offices and residences with trained security guards and IPC volunteers taking temperature readings.

B. OPERATIONAL STRATEGY

Proposed strategy

RC operational strategy is based on four operational priorities:

- 1) Maintain EVD at zero: In former EVD outbreak affected areas, provide high quality, humanitarian and community-based epidemic control activities, and keep Ebola at zero in places that have ended the outbreak, by maintaining the needed level of risk communication and IPC measures in place to rapidly detect and contain any new emergence of the disease in Equateur, North Kivu and Ituri where the population has already paid an immense toll to Ebola.
- 2) Mobilize DRC RC branches in affected areas for early detection and early response, according to the defined four pillars of intervention (IPC, SDB, CEA and PSS), integrating the multidimensional threats that affect communities, such as health (including COVID-19), protection
- 3) Provide the DRC Red Cross in North Kivu with the capacity to respond to emergencies, including outbreaks of Ebola or other infectious diseases.
- 4) While focused on preventing a new outbreak of Ebola in eastern DRC, this operation also contributes to limit the humanitarian impact of COVID-19 in the parts where DRC RC operates. We will be shifting IPC activities to be more COVID-19 appropriate and where possible, transition into COVID-19 response funded through the IFRC COVID-19 Appeal

With the declaration of the end of the 11th EVD outbreak in Equateur province on 18 November 2020, the DRC Red Cross EVD operation started the process of scaling down, reducing numbers of IFRC international delegates and national staff. The current countdown to the end of the 12th outbreak means that there is need to maintain a lean staff that is able to give support should there be need. For the current resurgence, the seven health areas of operation under strategy 1 include:

- Musienene (affected)
- Biena (affected)
- Butembo (affected)
- Katwa (affected)
- Beni: Zone at Risk
- Mabalako: Zone at Risk
- Kalunguta: Zone at Risk

As per the second operational strategy, the intervention in these areas will focus on early detection and response, based on the four pillars – IPC, SDB, CEA and PSS. This operational strategy will be rolled out with current resources (as per below) while increasing rapidly the capacity to prepare for scenario 2:

- Recruit, train and equip DRC RC volunteers;
- Scale-up logistics capacity and stocks in all areas;
- Increase fleet and outreach capacity;
- Assume Movement coordination role

- Engage with inter-agency and position the movement swiftly in the response;
- Mobilize resources

Security Constraints and Other Risks

The implementation of this Appeal in eastern DRC is very contingent on security. The security situation is closely monitored, and the team constantly adapts to the situation, under the guidance of the IFRC Africa Security Unit. The IFRC continues to follow ICRC security rules under the L3 Agreement and rely on ICRC understanding of the security situation in the implementation of this Appeal.


Beni: The security situation remains worrying in the city and in the North Kivu province. Since March 29, there have been demonstrations led by local pressure groups due to insecurity and exactions of armed groups especially Allied Democratic Forces (ADF). There have been massacres and abductions reported as a result of the activities of the armed groups. This has triggered demonstrations/protests spearheaded by civil society groups supported by the local community. Nine attacks were reported conducted by ADF, Mai Mai and Nalu. Unfortunately, humanitarian actors were also targeted as according to the protesters, international NGOs and United Nations Organization Stabilization Mission in the DR Congo (MONUSCO) are working alongside the ADF to continue massacring the civilian population. As a result, humanitarian interventions are progressing slowly in the area, the security situation remains volatile.

Butembo: There has been a slowdown in economic activities with the situation worsening from 5 April following a call from pressure groups to say “No to MONUSCO and NGOs”. All activities in the city remained paralyzed. It has been recommended to RC volunteers to observe low profile and suspend activities until further notice.

Demonstrations are common in many cities and some have turned violent. Police have at times responded with heavy-handed tactics that resulted in civilian casualties and arrests, posing a threat to humanitarian aid workers and other personnel operating in the area. The current wave of demonstrations has spread up to Goma leading to minimised movement while monitoring security situation. The security situation will likely remain poor and extremely volatile in eastern provinces in the medium to long term, as the national army (FARDC) struggles to contain violence in the region. The FARDC largely relies on support from UN troops to carry out military offensives against rebels, as government forces are not fully trained and lack resources.

C. DETAILED OPERATIONAL PLAN

Progress outcomes for the 10th outbreak (North Kivu, Ituri and preparedness in South Kivu, Tshopo, Maniema, Haut-Uele)

	Health	
Health Outcome 1: The immediate risks to the health of affected populations are addressed through scaled up community engagement and early detection approaches		
Output 1.1: CEA activities are conducted to limit the spread and impact of EVD, COVID and other co-occurring health risks		
Indicators	Actual	Target
1.a # Red Cross branches provided with support in addressing the Ebola Outbreak	10	10
1.b # of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak in DRC	3,993,291 ⁴	4,400,000

⁴ In the previous operational update, this figure was erroneously reported at 4,909,533 which was number of people reached with IPC. We have corrected this in this operations update

Health Output 1.2: Community feedback mechanisms are in place and feed into programming		
Indicators	Actual	Target
1.2.a # of people reached in affected communities with risk RCCE activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	3,993,291	4,400,000
1.2.b # of feedback data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database	1,636,923	1,500,000
1.2.c % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general	17%	20%
1.2.d # of feedback meetings held with the community to close the loop ⁵	0	-
Updates Jan-March 2021		
All CEA volunteers involved in the 10 th outbreak were deactivated on November 30 th , 2020. Due to lack of funding, the information kiosks were not given to the local National Society of Beni, Mangina and Butembo as planned for this period. It was also not possible to conduct the feedback meetings with the community.		
Health Outcome 2: Infection risk to the health of the affected populations is reduced through infection prevention and control measures		
Indicators	Actual	Target
2.1 # of local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	36	20
2.2 # of people screened in communities in local health facilities supported to effectively detect and respond to infectious disease outbreaks	4,909,533	5,400,000
Health Output 2.1: Targeted health facilities (including traditional healers) are better protected through improved IPC services		
Indicators	Actual	Target
2.1.1 % of Red Cross supported health facilities having obtained an IPC score greater than or equal to 80% to reduce the risk of nosocomial transmission	69.5%	70%
2.1.2 % of Red Cross supported health facilities having an IPC package in line with MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD	67%	100%
2.1.3 # of temporary isolation spaces converted to permanent structures	1	20
Updates Jan-March 2021		
The FRC supported 7 health facilities with IPC activities by upgrading facilities to ensure improved IPC conditions as follows:		
<ul style="list-style-type: none"> • Six triage boxes were built in North Kivu - 2 triage boxes with isolation spaces in Beni and 4 triage boxes without isolation spaces, including 2 in Mangina and 2 in Beni. • The impluvium system has been placed in 4 health facilities in Beni and 2 in Mangina. • 2 large capacity incinerators were built in Mangina and Beni. The work for the 2 others is ongoing in Bunia and Goma. In Bunia, work is completed at 50% due to the delay linked to insecurity in the area. • The work for 3 latrines with showers is ongoing in Ituri. 2 latrines without shower were built in 2 health structures. • 4 incinerators and ash pits were built - 3 in Beni and 1 in Mangina 		

⁵ Activity slated for next quarter

- A laundry room has been built at Tamende in Beni
- Isolation bubbles will be distributed at the DRC Red Cross provincial headquarters in Goma for emergency deployment in case of future outbreaks (international procurement process ongoing)

Challenges:

- The security events in Bunia and Beni prevented in-person follow-up with the facilities in this area. This also slowed down the implementation of some activities

April – June 2021

- Completion of remaining construction works and the official handover to the MoH

Health Outcome 3: Transmission of diseases of epidemic potential is reduced

Health Output 3.1: Red Cross RRT are set up to conduct patient transfer activities to allow safe access to health care services

Indicators	Actual	Target
3.1.1 # of multisectoral RRT trained and equipped	78	72
3.1.2 % of active multisectoral RRT out of the total trained	28%	25%
3.1.3 # of cases of illness among RRT personnel	0	0
3.1.5. Proportion of patients transported by RRT according to safe protocols	92%	100%

Updates Jan-March 2021

The RRTs have been deactivated since January 2021 for South Kivu and North Kivu Provinces, however, they remained activated in Ituri Province for EVD and Covid-19 activities around the IDP's site of the ISP (Institut Supérieur Pédagogique).

With the 12th outbreak declared in North Kivu Province, the IFRC reactivated four rapid response teams trained during the 10th epidemic in the health zones of Butembo and Katwa. These teams have been reinforced by three other teams trained in SDB, decontamination and patient transport in the Biena and Musienene health zones. These are two teams of six volunteers each for Biena and one team for Musienene.

The rapid response teams in Ituri and Equateur remained active in securing the bodies of people suspected of having died from EVD or Covid-19, and the safe transfer of patients to health facilities. For North Kivu, starting February 7, 2021, the rapid response teams focused on conducting SDB, transporting patients in general and decontaminating the households of EVD patients and health facilities that received confirmed or suspected EVD cases.

During this period, the rapid response teams responded to 99% of alerts received.

Challenges:


- Unavailability of funds for the IFRC to continue supporting the activities of the rapid response teams
- Insecurity in some areas of intervention in North Kivu, which has led to the restriction of humanitarian movements.

April – June 2021

The rapid response teams have been enabled and equipped to continue activities under the leadership of the National Society. However, the IFRC is still seeking funding to continue to support the response to the resurgence of EVD in the health zones of Butembo, Katwa, Biena and Musienene in North Kivu.

Health Output 3.2: Capacity to detect, report and respond to diseases with epidemic potential strengthened		
Indicators	Actual	Target
3.2.1 # of volunteers identified and trained to form CBS teams	20	240
Health Outcome 4: The psychosocial wellbeing of impacted communities and volunteers is improved		
Indicators	Actual	Target
4.1 # of participations in psychosocial support activities during the Ebola operation in the Democratic Republic of Congo	91,451	90,000
Health Output 4.1: Psychosocial support provided to the volunteers and staff		
Indicators	Actual	Target
4.1.1 # of DRC RC bases involved in the EVD response supported by psychosocial support activities	7	3
4.1.2 # of activities implemented by trained and supervised PSS volunteers to reduce the psychosocial impact of the EVD epidemic	11,155	10,000
4.1.3 # of trained volunteers implementing PSS services to preserve or restore the psychosocial well-being of volunteers involved in the EVD response	50	3
4.1.4 # of health structures providing specialised psychological care for DRC RC volunteers requiring acute support	1	7
There was deactivation of PSS volunteers hence no activities took place in this quarter.		

Progress outcomes for the 11th outbreak (Equateur)

	Health	
Health Outcome 1: The immediate risks to the health of affected populations are addressed through scaled up community engagement and early detection approaches		
Output 1.1: RCCE activities are conducted to limit the spread and impact of EVD, COVID and other health risks		
Indicators	Actual	Target
1.a # Red Cross branches provided with support in addressing the Ebola Outbreak	2	2
1.b # of people reached in affected communities that are supported by the operation to effectively detect and respond to the EVD outbreak in DRC	290,160 ⁶	600,000
Health Output 1.2: Community feedback mechanisms are in place and feed into programming		
Indicators	Actual	Target
1.2.a # of people reached in affected communities with RCCE activities to identify and reduce health risks of Ebola in Democratic Republic of Congo	290,160	600,000

⁶ In the previous operational update, this figure was erroneously reported at 426,778 which was number of people reached with IPC. We have corrected this in this operations update

1.2.b # of feedback data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database	143,533	300,000
1.2.c % of community feedback received by DRC RC volunteers as comments of appreciations or encouragements to the Red Cross and the response in general	20%	20%
1.2.d # of feedback meetings held with the community to close the loop	0	-
<p>Key activities for Jan - March 2021:</p> <p>The CEA team used feedback from the hotline as formative evaluation data, drawing from community needs to adapt messages, improve quality of services, improve outreach and social mobilization awareness of disease prevention, and improve community-based surveillance for Ebola and COVID-19. From community feedback collected and analysed, community-based activities including households visits, educational talks and focus groups discussions, the engagement sessions provided information based on community needs and issues which have driven essential service provision in the affected community and promoted healthy and safe social practices and community ownership of their own health. IFRC CEA team conducted an evaluation of the volunteers' level of knowledge on diseases with epidemic potential such as cholera and measles to ensure a better capacity building before deactivation. After the evaluation, the IFRC CEA team organized multiple refresher training for the 167 volunteers from four different health zones on different topics including community-based surveillance, malaria, cholera, measles, Ebola, and Covid-19. The IFRC CEA team in collaboration with the National Society provincial office started the process of scaling down of CEA volunteers at the end of January and with full deactivation on February 28 2021. No RCCE activities were conducted in the province of Equateur in March.</p> <p>Key drivers/enablers of success during the reporting period:</p> <p>The importance of collecting community feedback in the response to and control of EVD/COVID-19 was the key to the response and community participation. Integrating and involving community leaders in activities was an important way to ensure the success of activities and the ownership of response by the community. Hearing from their own people had more impact and engagement. The RCCE approach allowed communities to express themselves and change their attitudes, but also it allowed stakeholders to orient their actions to meet the community's expectations and needs. The importance of teamwork and collaboration between the NS and other partners in the Ebola response was also a plus.</p> <p>Challenge:</p> <ul style="list-style-type: none"> • There was difficulty in collecting feedback forms from remote areas with limited accessibility by road network and no telephone services or internet. This often to delays in receipt of data and hence analysis and sharing of findings. • The full deactivation of CEA volunteers will impact the mobilization for COVID-19 and other diseases of epidemic potential in the community. IFRC CEA team will not be able to continue providing minimal technical support and assistance to the DRC RC CEA team as needed due to lack of funding. <p>April to Jun 2021</p> <ul style="list-style-type: none"> • CEA activities were stopped in February 2021 in Equateur province 		
<p>Health Outcome 2: Infection risks to the health of the affected population are reduced through improved infection prevention and control measures</p>		
Indicators	Actual	Target

2.1 # of local health facilities supported to effectively detect and respond to infectious disease outbreaks -during the Ebola operation in the Democratic Republic of Congo	11	15 ⁷
2.2 # of people screened in local health facilities supported to effectively detect and respond to infectious disease outbreaks	456,491	500,000
Health Output 2.1: Targeted health facilities (including traditional healers) are better protected to through improved IPC services		
Indicators	Actual	Target
2.1.a % of Red Cross supported health facilities having obtained an IPC score greater than or equal to 80% to reduce the risk of nosocomial transmission	25%	70%
2.1.b % of Red Cross supported health facilities having an IPC package in line with MoH standards and protocols to improve IPC practices and protocols and reduce the risk of nosocomial transmission of EVD	100% (9/9)	100%
2.1.c # of triage and pre-triage zones and isolation centres constructed	4	15
2.1.d # of health services providers, traditional healers and volunteers trained on IPC	287	80
2.1.e # of WASH infrastructure renovated in the FOSA	2	5

Key activities for Jan - March 2021:

Eleven institutions (including 9 health facilities, Provincial DRC RC office and central Mbandaka Prison) were supported to improve IPC standards. The target of 15 had been set earlier on in the operation and only after assessments were completed that it was seen that with the resources available, 11 institutions could be supported to improve IPC standards.

456,491 people were screened, less than the expected 500,000 people following deactivation plans that led to the progressive reduction of the work of volunteers with the gradual handover of the screening activity by the staff of the health facilities. This shows that the disengagement of volunteers had an impact on this activity and that during the epidemics, volunteers must be mobilized because medical staff often do not prioritize this screening activity as they should.

The level of the health facilities in Equateur is much lower in IPC in terms of infrastructure and knowledge. French Red Cross teams on considering the amount of the needs and the very low level of IPC standards in the health facilities supported, noted that it was almost impossible to obtain a scorecard of 80% for most of the facilities supported in view of the timeframe and funding available therefore efforts were made to try and achieve a 25% score. As of January 2021, 50% of health structures had increased their score to 25%. The decrease from the first reporting period is due to the fact that at the end of November, new health facilities were supported (hence the drop in the general level of scorecard). However, the continued support to the health facilities and the start of the WASH work will help to increase this figure.

Construction of triage and pre-triage zones was suspended because of the interest shown by the Provincial Health Division wishing to take over the triage construction despite the approval of selected contractors by the IPC Commission. Therefore, out of 9 FOSA enrolled, 4 benefited from a semi-durable system (HGR Wangata, CS Maman Balako, CS Jules Chevalier and CS Wangata) and 4 others from a temporary system (parasol, table, etc.)

A total of 287 people - 75 hygienists, 30 traditional healers, 134 medical staff and 48 volunteers were trained on IPC. The target was largely exceeded considering the training needs expressed by the health facilities and the number of staff assigned to these facilities, which was underestimated at the beginning of the project as the facilities had not yet been identified. The staffing needs had also increased following the outbreak and some health

⁷ The target of 15 included 13 are health facilities (the other 2 are Mbandaka prison and the local red cross office).

facilities recruited new staff during the project, most of whom were not trained on IPC measures at all. In addition to the people trained, 8 out of 9 health facilities' IPC committees were also trained.

Challenges

- Poor communication issues characterized by cut-off telephone and internet networks resulted in delays in responding to requests or in transmitting reports.
- The lack of IPC inputs (including digital thermometers, masks and gloves) and their unavailability at the local level, delayed the supply of the necessary equipment and materials to the triages.
- The lack of coordination between humanitarian actors in the field impacted the implementation of activities. For some of the health facilities supported, in particular Wangata (CS and HGR), the work provided for in the construction plans of the waste disposal areas were ultimately not executed (another partner took care of it). This showed the need to strengthen coordination mechanisms early on to avoid potential duplication of activities.

Handover of IPC activities to the NS was done in February 2021.

Health Outcome 3: Transmission of EVD and other diseases of epidemic potential is reduced

Health Output 3.1: Red Cross SDB teams are set up and conduct safe and dignified burials in areas where the outbreak is sustained to limit the spread of EVD and other diseases of epidemic potential

Indicators	Actual	Target
3.1.a # of households benefiting from a safe and dignified burial in Ebola-affected areas of the Democratic Republic of Congo	465	NA
3.1.b % of successful completion of safe and dignified burials in the EVD operation	56%	80%
3.1.c # of SDB teams trained and equipped	17	20
3.1.d # of cases of contamination by EVD among SDB personnel	0	0

Health Output 3.2: Red Cross Rapid Deployment Teams (RDT) are set up and conduct SDB, CEA and PSS activities in areas newly affected by the outbreak, to limit the spread of EVD and other diseases of epidemic potential

Indicators	Actual	Target
3.2.a # of RDT trained and equipped	2	2
3.2.b # of RDT deployments completed	3	3

Health Output 3.3: Red Cross Rapid Response Teams (RRT) are set up and conduct patient transfer activities in areas affected by the outbreak, to allow safe access to health care services (suspect cases, confirmed cases and others)

Indicators	Actual	Target
3.3.a # of RRT trained and equipped	7	6
3.3.b % of active multisectoral RRT out of the total trained	100%	50%
3.3.c Proportion of patients transported by RRT according to safe protocols	60%	100%
3.3.d # of cases of infection among RRT personnel during activities	0	0

Key activities for Jan - March 2021:

To strengthen the capacities of the 7 RRTs, there were simulation exercises conducted on proper patient transfer in Bikoro and Mbandaka. Each team had a refresher session to ensure protocols were followed and any unclear issues clarified especially to ensure biosafety of the team and prevent potential transmission of infection to the RRTs. Formative supervision was carried out for RRTs in Bikoro and Mbandaka.

During this period, there was the development of protocol for the use of ambulances and tricycles used by the RRT for the transfer of patients and other RRT activities.

The RRTs responded to alerts associated with occurrence of Monkeypox where 7 cases were recorded in Bikoro with 2 deaths reported. There was partial deactivation of the RRT in February 2021 with a lean team left to respond to alerts. Full deactivation is scheduled for the end of April 2021.

Challenges

- During the rainy season, there was difficulty accessing some of the areas especially responding to alerts which hindered the transfer of patients to the appropriate health facilities for care.
- There was weakness in the strict application of the protocols in the field. Through formative supervision, it was possible to take corrective measures and ensure adherence to the protocols.

Health Outcome 4: The psychosocial wellbeing of impacted communities and volunteers is improved

Indicators	Actual	Target
4.1 # of participations in psychosocial support activities during the Ebola operation in Democratic Republic of Congo	2,992	5,000
Health Output 4.1: Psychosocial support provided to the target population		
Indicators	Actual	Target
4.1.a # of DRC RC bases involved in the EVD response supported by psychosocial support activities	2	2
4.1.b # of activities implemented by trained and supervised PSS volunteers to reduce the psychosocial impact of the EVD epidemic	1,182	2,000
4.1.c # of trained volunteers implementing PSS services to preserve or restore the psychosocial well-being of volunteers involved in the EVD response	56	21
4.1.d # of health structures providing specialised psychological care for DRC RC volunteers requiring acute support	0	1
Key activities for Jan – March 2021:		
Two group PSS sessions were done with the local indigenous people to discuss issues that they faced in their community and help them identify solutions to them. With the deactivation of the PSS volunteers at the end of January, there were no more activities carried out.		

Progress outcomes for the 12th outbreak (North Kivu: Butembo - Biena)

Key activities for Feb – March 2021:

Risk Communication and Community Engagement and Accountability

With the resurgence of the EVD on 7 February 2021, CEA volunteers were reactivated in Butembo, Katwa and Musienene to increase community mobilization and awareness-raising on EVD prevention and the acceptance of vaccination and SDB in the community. The volunteers in Biena were not activated due to lack of funding, however, they have been conducting mass mobilization activities on a small scale in their community to increase awareness of EVD prevention and the importance of the SDB. The IFRC CEA team conducted multiple refresher training to capacitate the volunteers in RCCE technique and strategies including how to integrate messages of other diseases of potential epidemics such as COVID-19 and community-based surveillance into the activities. A total of 180 CEA volunteers benefited from the refresher training in seven health zones including Butembo, Biena, Musienene, Katwa (Health zones with cases) and Kalunguta, Mabalako and Beni (high-risk zones). Fourteen (14) new volunteers were trained on RCCE during the EVD outbreak in Biena health zone.

RCCE activities were conducted in four health zones with cases using different approaches to facilitate community feedback analysis, community-based activities, specifically house visits, community dialogues, educational talks, community meetings and focus group discussions. A total of 15,010 people were reached during community

mobilization activities and 751 feedback collected and analysed to adapt CEA messages based on community needs. The RCCE activities were complemented by interactive radio programming and intensified different group engagements including local opinion leaders, community leaders, local health workers, traditional healers, community animation cells (CAC), motor-taxi associations, women's groups, and youth associations. This has strengthened community participation, ownership, and enhanced community access e.g. in Biena health zone, the epicentre of the resurgence of the EVD, strengthening community involvement through local leaders and other opinion leaders, some of whom were previously associated with community resistance against vaccination was important. Now, these leaders were involved in the awareness-raising activities of the Red Cross, including participation in the radio programs to help mobilize their community and support the work of Ebola response. RCCE activities were adapted based on community feedback received during door-to-door and mass mobilization activities. The volunteers were capacitated to return to communities with appropriate responses and solutions after analysing community feedback.

In the resurgence of EVD, the CEA strategy was adapted to the context, characteristics and lessons learned from the 10th and 11th epidemics based on community participation in the response. CEA teams also worked in collaboration with other pillars such as RRT, SDB, vaccination and PSS to improve the quality of services and acceptance in the community especially the SDB and vaccination.

Key drivers/enablers of success during the reporting period:

- Acceptance of the DRC RC in the community, capacity building of the CEA volunteers and the integration of the CEA in the SDB and other pillars created synergy and smooth implementation of activities specially in Biena health zone
- The use of the hotline by community members to report alerts (deaths of family members, suspected Ebola cases and other communities' issues) showed community participation and engagement in community-based surveillance and prevention of diseases.
 - Good collaboration with other partners such as the Ministry of Health

Challenges hindering implementation of activities

- Inability to activate volunteers in Biena for the door-to-door activities due to lack of funding
- The distance between villages, remoteness, lack of accessible road and telephone services in Biena health zone made it difficult for volunteers to reach out to everyone.
- Insecurity situations in Butembo and Katwa health zones prevented CEA volunteers to conduct activities.

Key activities for April – June 2021

- Deactivation of CEA volunteers in Butembo, Katwa and Musienene 30 April - The deactivation of CEA volunteers at the end of April will impact the 90 days post EVD for community mobilization and community-based surveillance. IFRC CEA team will not be able to continue providing minimal technical support and assistance to the DRC RC CEA team as needed.
- Transfer of all CEA activities to the National Society

Infection Prevention and Control (IPC)

Key activities for Feb – March 2021:

IPC assessments took place in Biena, Katwa and Butembo together with the Ministry of Health. Ten health facilities were assessed with the revival of hygiene committees in the health facilities being done. In addition to this, there was supply of chlorine to the FOSA in the affected areas.

Refresher training for volunteers on IPC were done in Butembo and Katwa. There was also rehabilitation of the Butembo base to ensure IPC standards were maintained. Technical support was also given to FOSA managers on the proper management of inputs within their health facilities in Butembo, Katwa, Biena and Musienene.

Challenge

- Suspension of training as a result of insecurity
- Inconsistent practice/application of high IPC standards – as there were no cases for about 3 weeks following the resurgence, it was noted that the health staff tended to forget to practice good ways to protect themselves. It is important to keep emphasising the importance of high levels of IPC so that both frontline health staff and patients are protected from potential nosocomial infections.

Rapid Response Teams (RRT)

A total of 444 alerts were responded by the RRT of which 254 patient transfer were accomplished. There were two decontaminations done. Of the alerts received, 41% were related to Ebola, 29% involved provision of first aid services.



Figure 3: RRT activities in the resurgence

Challenges experienced by the RRTs were the inadequate supply of swabs and spreading of false rumours about the Ebola treatment centre (ETC) causing a transfer failure to Masoya.

Psychosocial Support (PSS)

Meetings took place with traditional leaders in Biena and Musienene to assess psychosocial support needs in communities.

A challenge experienced was the difficulty to get volunteers previously trained in PSS. Some had been identified to be trained but this was not possible due to inadequate funding and insecurity situation.



Protection, Gender and Inclusion

PGI Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.

PGI Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.

Indicators	Actual	Target
P.1.1 Proportion of female volunteers engaged in the operation.	33%	at least 30%
P.1.2 # of focal points and supervisors trained on PSEA.	46	94

Jan-March 2021 Achievements:

It is important to protect the community we serve from acts of sexual abuse and exploitation (SEA) and also empower communities to report on such occurrence. In addition, violation of the code of conduct or acts of sexual abuse and exploitation (SEA) is a risk that poses serious threats to the organization and can affect its reputation and ability to serve communities in need. To avoid their manifestation it is important to use effective means for prevention, talking about how to mitigate these risks. IFRC has focused on continuous refresher/training sessions, focus groups, spontaneous discussions, briefings and online trainings like those on the learning platform. These have been useful in increasing awareness on PSEA so that it ceases to be a taboo subject, that it is understood and that the consciences of the IFRC staff, DRC RC staff and volunteers are awakened for everyone to commit to fight against the risk of SEA.

Through the hotline number 47 22 22, a total of 35,964 calls were received during this period where majority of the issues were resolved at the hotline level and sensitive feedback was referred to IFRC and the NS for further action. Follow up was made with callers of sensitive feedback to get further information and address the issues reported. To date, since the launch of the hotline number, 75,649 calls have been received.

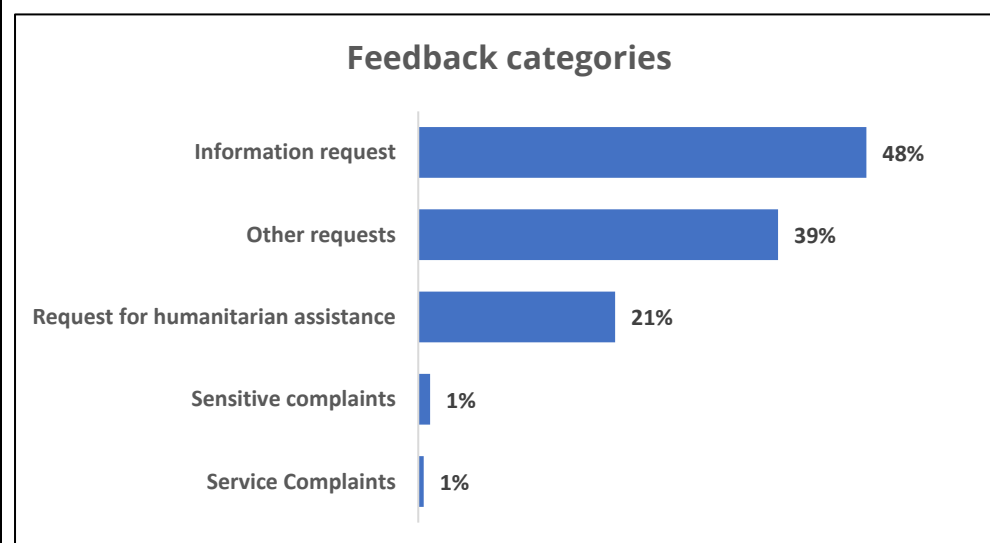


Figure 4: Categories of feedback calls received

No SEA feedback was received concerning IFRC during this period. Congo Call Centre managed the hotline and informed callers that their information would be shared only after their consent was received and then with only the IFRC and DRC RC hotline focal points for assistance requested or issue reported. The hotline interaction was kept confidential and sensitive complaints were immediately brought to the attention of IFRC focal point as needed.

Four workshops were carried out for staff and volunteers on code of conduct and PSEA where a total of 100 people (25 Women and 75 Men) were sensitized in Mbandaka, Bikoro and Goma. Discussions at the local level included brainstorming concrete action points to better integrate gender mainstreaming and provide all volunteers agency

and power to report safely as well as actions to reduce power disparities and lessen the motivation and opportunity for abuse before it happens.

Challenges

- No popularisation of Code of conduct and other related policies. Soft and hard copies of the code of conduct and related policies were shared for better distribution.
- Language barrier as the code of conduct was available only in French, Swahili Spanish and English. Discussion on the translation of the code of conduct in local languages was carried out and waiting for the implementation.
- The culture and behaviour of the community in the field and provincial towns is varied. Therefore, it is important to adopt this code of conduct to some basic reality of the field due to different culture, behaviour. For example, the staff mentioned that in the rural areas, they are often given gifts, mostly foodstuffs like bananas, chicken and the community feel offended if not accepted. They feel slighted hence the need for adaptation. The advice given was that if gifts are accepted then this is declared on return to the office and shared as appropriate with colleagues.
- NS staff being afraid to report any violation of code of conduct as it may affect their work if the person accused knows that they have reported him/her. During the training sessions, staff were encouraged to report via the safe call/green line as it is anonymous and ensuring them that all information is handled in strict confidence. There is protection of the whistle-blowers.
- Fear that people of the hotline do not know the sensitivity of the matter that the staff would need to report. Ensuring that Congo Call centre is briefed and trained about sensitive feedback and how they should handle it.

Key activities for April – June 2021:

- Increase promotion of the use of hotline in the community.
- Training for IFRC, ICRC and NS staff on the importance and use of the hotline.
- Increase awareness of the hotline to women's groups in the affected communities.

ENABLING ACTIONS

Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform

S1.1.1 National Societies have effective and motivated volunteers who are protected

Indicators	Actual	Target
# of volunteers engaged with DRC National Society.	3,223	1,000

S.1.1.2 NS have assessed their capacity at HQ and branch level and identified areas for organizational improvement.

Indicators	Actual	Target
# of office space and operational bases rehabilitated	4	2
# of NS staff trained in financial management, security management and data collection	25	20

S.1.1.4 NS capacity to support community-based disaster epidemic response and preparedness is strengthened

Indicators	Actual	Target
# DRC RC Epidemic Preparedness plan and SOPs at the provincial level	2	3
# of DRC RC staff and volunteer trained in warehouse management and compliance	59	48
# of DRC RC staff and volunteers trained in logistics and supply chain management	33	36

Effective and coordinated international disaster response is ensured

S.2.2 The complementarity and strengths of the Movement are enhanced		
S.2.2.1 IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.		
Indicators	Actual	Target
# of Movement meetings (tripartite meetings at provincial and national level, movement meetings at national level)	1	1 per week
S.2.2.2 Shared services in areas such as IT, logistics and information management are provided.		
# of warehouses rehabilitated/constructed	4	5
Ensure a Strong IFRC that is accountable		
S.4.1 The IFRC enhances its effectiveness, credibility and accountability		
S.4.1.2 IFRC staff shows good level of engagement and performance		
Indicators	Actual	Target
End of operation evaluation completed	0	1
S.4.1.3 Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective		
Indicators	Actual	Target
# of audits of financial statements conducted in compliance with international financial reporting standards	2	2
S.4.1.4 Staff security is prioritised in all IFRC activities		
Indicators	Actual	Target
% of IFRC staff and volunteers participating in security briefings	100%	100%
Key activities for Jan – March 2021:		
<ul style="list-style-type: none"> • Construction of decontamination base in Mbandaka was completed and inaugurated during this reporting period. There was also installation of solar power system in the Provincial Committee office in Mbandaka as well as Bikoro • To boost the transportation capacity of the NS, 5 vehicles were donated to DRC RC, one each for Goma, Mbandaka and Bunia while in Equateur, 2 canoes (pirogues) ambulances and 2 tricycle motorbikes were donated for the transfer of patients. • 750 first aid kits donated by the Finnish Red Cross were received in March 2021 to support RRT activities in Ebola-affected areas • IFRC supported the DRC RC through the rehabilitation of two warehouses in Beni and Bukavu, construction of 2 warehouses in Goma and Bunia. Due to lack of funding, the construction of the warehouse in Butembo did not take place although architectural drawings for the structure were available for implementation. • With the resurgence of Ebola and extension of the Appeal time frame to 30 September 2021, the end of operation evaluation was postponed to the third quarter. This would be done based on availability of funding. 		



Figure 5: Receipt of first aid kits donated by Finnish RC



Figure 6: One of the tricycles donated to DRC RC for transfer of patients by RRTs

D. FINANCIAL REPORT

The overall amount allocated for this operation is 56 million CHF as indicated in the [One International Appeal Revision 6](#) budget.

The IFRC urgently needs to mobilize CHF 5 million, to support the DRC Red Cross to maintain its operational capacity up until at least the end of September 2021, which allows for continued presence and readiness throughout the enhanced surveillance period. The funds are needed to support DRC Red Cross staff (RRT, CEA, community-based surveillance, information management, logistics, finance, HR and security) and logistics (vehicles, warehouses, infection prevention and control supplies and stocks for burials).

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018-2021/3	Operation	MDRCD026
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 30 Apr 2021

All figures are in Swiss Francs (CHF)

MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Operating Timeframe: 12 May 2018 to 30 Sep 2021; appeal launch date: 21 May 2018

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	37,000,000
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	2,000,000
SFI2 - Effective international disaster management	13,500,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	3,500,000
Total Funding Requirements	56,000,000
Donor Response* as per 30 Apr 2021	46,862,563
Appeal Coverage	83.68%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	6,454	-6,454
AOF2 - Shelter	8,353	8,358	-5
AOF3 - Livelihoods and basic needs	9,114	9,548	-434
AOF4 - Health	27,765,132	26,591,997	1,173,134
AOF5 - Water, sanitation and hygiene	218,872	234,432	-15,560
AOF6 - Protection, Gender & Inclusion	813	880	-67
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	2,219,784	1,711,153	508,631
SFI2 - Effective international disaster management	17,168,890	17,677,005	-508,115
SFI3 - Influence others as leading strategic partners	151,132	139,993	11,140
SFI4 - Ensure a strong IFRC	170,094	87,120	82,975
Grand Total	47,712,184	46,466,939	1,245,245

III. Operating Movement & Closing Balance per 2021/03

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	47,374,168
Expenditure	-46,466,939
Closing Balance	907,229
Deferred Income	492,768
Funds Available	1,399,998

IV. DREF Loan

* not included in Donor Response	Loan :	1,502,168	Reimbursed :	502,168	Outstanding :	1,000,000
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018-2021/3	Operation	MDRCD026
Budget Timeframe	2018-2021	Budget	APPROVED

Prepared on 30 Apr 2021

All figures are in Swiss Francs (CHF)

MDRCD026 - DR Congo - Ebola Virus Disease Outbreak

Operating Timeframe: 12 May 2018 to 30 Sep 2021; appeal launch date: 21 May 2018

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	404,024				404,024		
Australian Red Cross	672,300		0		672,300		
Austrian Red Cross	109,482				109,482		
Belgian Government - Flanders	170,709				170,709		
British Red Cross	11,308,925				11,308,925		
CDC Centers for Disease Control and Prevention	2,685,217				2,685,217	453,420	
China Red Cross, Hong Kong branch	50,512				50,512		
Danish Red Cross	2,567,182				2,567,182		
DREF Allocations				1,000,000	1,000,000		
European Commission - DG ECHO	3,533,212				3,533,212		
Finnish Red Cross	723,047		29,877		752,924		
Icelandic Red Cross	650,000				650,000		
Italian Government Bilateral Emergency Fund	562,395				562,395		
Italian Red Cross	110,597				110,597		
Japanese Red Cross Society	89,554				89,554		
Kenya Red Cross Society			18,083		18,083		
Kuwait Red Crescent Society	297,923				297,923		
London School of Hygiene&Tropical Medicine	82,191				82,191		
Norwegian Red Cross	756,257				756,257		
On Line donations	213				213		
Paul G Allen Family Foundation	957,956				957,956		
Red Cross of Monaco	17,401				17,401		
Spanish Government	109,035				109,035		
Swedish Red Cross	493,485				493,485		
Swiss Government	1,000,000				1,000,000		
Swiss Red Cross	227,000				227,000		
The Canadian Red Cross Society	3,007,613	10,018			3,017,631		
The Netherlands Red Cross	1,479,173				1,479,173		
Turkish Red Crescent Society	60,000				60,000		
United States Government - USAID	9,435,323				9,435,323	39,348	
United States - Private Donors	1,897				1,897		
Western Union Foundation	9,484				9,484		
WHO - World Health Organization	4,744,735				4,744,735		
Write off & provisions				-651	-651		
Total Contributions and Other Income	46,316,842	10,018	47,960	999,349	47,374,168	492,768	
Total Income and Deferred Income					47,374,168	492,768	

E. CONTACTS

Reference documents

Click here for: [Previous Appeals and updates](#)

For further information, specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (SPHERE)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.